



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN

City of Hospital: Bremen

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Aubrey Lint

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Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$9448987
Outpatient Patient Service Revenue	\$29781391
Total Gross Patient Service Revenue	\$39230378

2. Deductions From Revenue

Contractual Allowance	\$18474257
Other Deductions	\$915647
Total Deductions	\$19389904

3. Total Operating Revenue

Net Patient Service Revenue	\$19840474
Other Operating Revenue	\$453016
Total Operating Revenue	\$20293490

4. Operating Expenses

Salaries and Wages	\$8517800	Employee Benefits	\$1745252
Depreciation and Amortization	\$1215220	Interest Expense	\$480890
Bad Debt	\$249925	Other Expenses	\$9398663
Total Operating Expenses	\$21607750		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1314260	Total Assets	\$23393000
Net Non-operating Gains over Loss	\$39359	Total Liabilities	\$21664000

Total Net Gains	\$-1274901
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$20802462	\$10168453	\$10634009
Medicaid	\$4283911	\$3323448	\$960463
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14144005	\$4982356	\$9161649
Total	\$39230378	\$18474257	\$20756121

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$17275	\$-17275

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$1429	\$7678	\$-6249
Community Education	\$0	\$6819	\$-6819

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	0

Statement Six: Charity Statement

Hospital Charity Charges	\$80140
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$43729	
HCI Payments	\$0		
Subtotal	\$0	\$43729	\$-43729
Medicaid Shortfalls	\$960463	\$2337533	
Subtotal	\$960463	\$2381262	\$-1420799
DSH Payments	\$0		
Subtotal	\$960463	\$2381262	\$-1420799
Medicare Shortfalls	\$10634009	\$11350943	
Other Government Programs	\$0	\$0	
Total	\$11594472	\$13732205	\$-2137733

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1391013	\$3506541	\$-2115528
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$49833	\$-49833
Other Allocations	\$0	\$0	\$0

Comments

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